Application No. (if Known) 10/528,539 Attorney Docket No.: 03391/000G232-US0

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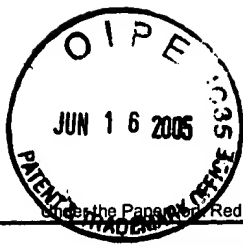
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Three Month Request for Extension of Time (1 page)
Request for Continued Examination Transmittal (1 page)
Fee Transmittal (1 page)
Amendment Transmittal (1 page)
Amendment (14 pages)
Information Disclosure Statement (2 pages)
IDS (Citation) by Applicant (6 References)
Check in the amount of $1,810.00   # 8924

PTO/SB/17 (12-04v2)
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005

	☐ Applicant claims small entity status. See 37 CFR 1.27

Complete if Known

Application Number	09/698,539
Filing Date	October 27, 2000
First Named Inventor	Guy Reina
Examiner Name	S. Blount
Art Unit	2661

TOTAL AMOUNT OF PAYMENT	($) 1,810.00	Attorney Docket No.	03391/000G232-US0

METHOD OF PAYMENT (check all that apply)

[x] Check [ ] Credit Card [ ] Money Order [ ] None [ ] Other (please identify): _____

[ ] Deposit Account   Deposit Account Number: 04-0100   Deposit Account Name: _____ Darby & Darby P.C. _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

[ ] Charge fee(s) indicated below

[x] Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17

[ ] Charge fee(s) indicated below, **except for the filing fee**

[x] Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fee ($)**	**Small Entity Fee ($)**	**Fees Paid ($)**
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
12 - 30 = _____	x _____	= _____

Multiple Dependent Claims

Fee ($)	**Fee Paid ($)**
_____	_____

Indep. Claims	**Extra Claims**	**Fee ($)**	**Fee Paid ($)**
3 - 6 = _____	x _____	= _____

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	**Extra Sheets**	**Number of each additional 50 or fraction thereof**	**Fee ($)**	**Fee Paid ($)**
_____ - 100 = _____	/50 _____	(round up to a whole number) x	_____	= _____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month   1,020.00
1801 Request for continued examination (RCE) (see 37 ...   790.00

SUBMITTED BY

Signature	*Richard J. Katz (signature)*	Registration No. (Attorney/Agent)	47,698	Telephone	(212) 527-7700
Name (Print/Type)	Richard J. Katz			Date	June 16, 2005

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